

POLLUTION CONTROL HEARINGS BOARD
STATE OF WASHINGTON

	Appellant,	NOTICE OF APPEAL
v.		
	Respondent.	

1. Appellant(s)

Name of appellant(s)
Name of representative (if any)
Mailing address
Telephone number
Facsimile number (if available)
E-mail address (if available)

2. Name of the agency, or local air authority, health department or conservation district whose decision is being appealed (respondent in caption)
3. Name of applicant (who should be named a respondent, if you are not the applicant and are appealing an order or decision based upon an application)
4. Appellant(s) (is or are) appealing from the attached order or decision (attach also the application if the order or decision is based upon an application).
5. Appellant(s) (has or have) (not) applied in writing to the agency, or local air authority for remission or mitigation (if this is an appeal of a penalty).
6. Appellant(s) (believes or believe) the agency decision is unlawful or unjust because (set forth a short and plain statement of the legal grounds for the appeal).
7. The appeal is based upon the following pertinent facts (set forth a clear and concise statement of facts relied upon to support the grounds for the appeal).
8. Appellant(s) (seeks or seek) the following relief (set forth the specific nature and extent of relief being sought. If seeking a stay from the agency order or permit decision, set forth the grounds the grounds and factual basis for the stay, either in this notice of appeal, or in a separate motion). See RCW 43.21B.320).
9. Copies of this notice were served upon the respondent(s) on (date of service).

Signature of the appellant(s) or representative